

CERTIFICATE OF VACCINATION AND HEALTH FOR ANIMAL ACCOMMODATION

Veterinary Clinic Information		Animal Owner Information •		
Name DV Jean Ryan, cat clinic of Pensawla		Name MAXIE SCHMIDI		
Address 2322 W. Nine Mile ad, Pensacola, FL 52534	gtID	90293	45 36	
Phone 850-478-2287	Phone	(636)	751-4	9/6
Animal Information				
Name Kush	Male/Female Female-spayed			
Species feline	Color	Blackfuhrte		
Breed DSH	Age 8	1/2gr		
Weight 12.03	Date o	of Spay/Neuter Jul	41,2008	
VACCINATIONS DATE ADMINISTERED DATE II CANINE (Dog)	DUE	VACCINATIONS FELINE (Cat)	DATE ADMINISTERED	DATE DUE
Rabies		Rabies	Jan. 9, 2017	Jan. 9, 2020
DHPP		EtV/FeLV	04.31,2017	
Bordetella		FVRCP	Oct 31, 2017	
Influenza		Intestinal Parasite	es Oct 31,2017 negative ton	Oct 31,2018
Heartworm				- F
Intestinal Parasites				
I certify the animal above has been examined and four and tick preventative medication. Jean A. Ryan Dum Applied Veterinarian (Print)		free of disease, is cu	urrent on vaccination	ns and is on a flea
a alph			10.31-17	
Veterinarian Signature		w.	Date	

Completed form must be uploaded by student under the My Housing application. Failure to submit this form will result in your application for animal accommodations being incomplete and your application for housing will be processed without consideration of your animal. Should you have questions please call the Department of Housing at 404-894-2470.